



# REGISTRATION FORM

## ACCESS TO HUMAN RESOURCE MANAGEMENT COMPUTER APPLICATIONS

<p><u>Please check when applicable</u></p> <p><b>LEGACY SYSTEM (UNISYS)</b></p> <p>ACCESS TYPE Display Update Change Add Disable</p> <p><b>PMIS</b></p> <p><b>BES</b></p> <p><b>Performance Management</b></p> <p><b>Written Notices</b></p> <p><b>WEB APPLICATIONS</b></p> <p>Add Remove</p> <p>Agency Repository (HuRMan portal)</p> <p>Agency Training Metrics</p> <p>Applicant Flow (Data Entry Tool)</p> <p>EDR - Grievance Process</p> <p>EEO4 Reporting Tools</p> <p>EEO Assessment Summary Reports</p> <p>EEO Assessment Tools</p> <p>EEO Calculator</p> <p>EPR Contractor Statistics</p> <p>File Upload Utility</p> <p>P3/P3A Automation</p> <p>Reemployment Opportunity - ReOp</p> <p>Salary Reference Data</p> <p><u>Workforce Planning</u></p> <p>Reports</p> <p>Query Tool (e-480)</p> <p>Query Tool (e-Tr ans)</p> <p><b>Note:</b> This form is available on the DHRM website <a href="http://www.dhrm.virginia.gov/forms.htm">http://www.dhrm.virginia.gov/forms.htm</a></p> <p>Submit To: <b>Jo Ann Stamper</b> Department of Human Resource Management 101 N. 14th Street, 12th floor Richmond, VA 23219 - FAX (804) 371 7401</p>		
	Agency Number Agency Name	
	Employee Last Name Employee First Name MI	
	Employee ID Employee Position Number Employee Role Title	
	Employee e-mail address Office Phone Office FAX	
	Office Address	
	City State ZIP	
	List agencies numbers that employee is authorized to access (include VDOT districts, if applicable).	
	Printed Name of PMIS Security Officer	
	Signature of PMIS Security Officer	
	Justification for this employee to have access to the requested applications	
Printed Name of Agency's HR Director Signature of Agency's HR Director		
<b>FOR DHRM USE ONLY</b>		
<input type="checkbox"/> <input type="checkbox"/>		
DHRM Security Officer signature Approve Reject		
EDR Security Officer (when applicable)		
OES Director signature (when applicable) PDS Management signature (when applicable)		